

Work Order ID 102937

102937

Page 1

June-12-13 9:17:04 AM

Item ID: D4012-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Cushion

Start Date: 6/11/13 Start Qty: 16.00

16

Cust Item ID:

Required Date: 6/11/13 Req'd Qty: 16.00

16

Customer:

Reference:

Approvals: Process Plan: MLS Date: 13-06-13

Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4012	B

100

0.00

100

Mill Conv

Memo

0.00

Conventional Milling Machine

DT9889

13/07/29 18 /

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

13/07/29 18 /

120

QC8- Inspect parts - second check

0.00

120

QC

Memo

0.00

Quality Control

13/07/29

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

DQA: _____ Date: _____



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Work Order ID 102937

102937

Page 3

June-12-13 9:17:04 AM

Item ID: D4012-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Cushion

Start Date: 6/11/13

Start Qty: 16.00

16

Cust Item ID:

Required Date: 6/11/13

Req'd Qty: 16.00

16

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

[Signature] Rm 13/12/02
MF
13-11-29

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
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Material									
Operator									
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FAULT CATEGORY

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Picklist Print

June-12-13 9:17:03 AM

Page 1/1

Work Order ID: 102937

Parent Item: D4012-1

Parent Item Name: Cushion

Start Date: 6/11/13

Required Date: 6/11/13

Start Qty: 16.00

Required Qty: 16.00

Comments: IPP RevA: New issue 09.10.28 DD verified by:JLM
 09.11.18 DD verified by:JLM IPP RevB: revA as per dwg
 IPP Rev:C 11.01.10 as per dwg Rev.B DD verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4287-3 UHMW U-Channel		Manufactured	No			100	f	30.7600	0.37	6.2315792			

Location

Loc Qty

Loc Code

ST202

6.4

91102

6.4

ST209a

24.36

97824

24.36

ADD 13/07/29

4,982'

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

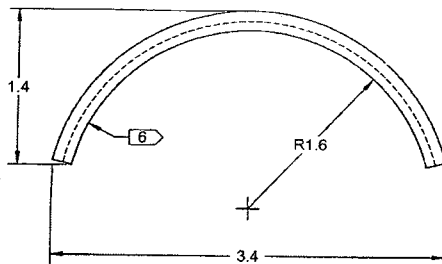
Work Order update only ☐

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Process									
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Transport									
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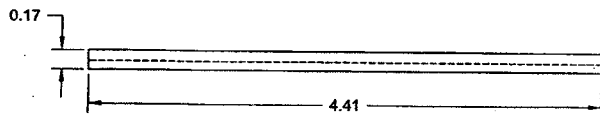
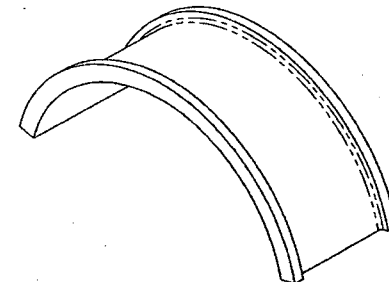
FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
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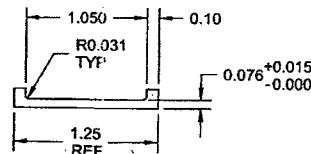


D4012-1 CUSHION
(MAKE FROM D4012-1F)

102937 MCT
1306-13



D4012-1F FLAT MACHINED STATE



RELEASED
2010-12-23

NOTES:

- 1) MATERIAL: MAKE FROM D4287-3
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4012-1" AND B/N "BXXXXX" PER QSI 044 6.1
- 7) WEIGHT: 0.02 lbs

B	CHANGED RAW MATERIAL TO REDUCE MANUFACTURING COSTS; PART NOW MACHINED FLAT AND SHAPED WITH RADIUS. REF: PAR10-29	MB	10.12.07
A	NEW ISSUE	MB	09.10.19
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.12.07		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D4012** REV. B
SHEET 1 OF 1

TITLE **CUSHION** SCALE NTS

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